

Eastern District of Texas

Defendant(s)

Civil Action No. 4:19-cv-159

Signature of Clerk or Deputy Clerk

Date: 3/7/19

Civil Action No. 4:19-cv-159

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Sec'y of Education Betsy DeVos, in her official capacity
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: Per Fed. R. Civ. P. 4(i)(1)(A)(ii) and (i)(1)(B), I sent a copy of this summons and the
 complaint via registered mail to the U.S. Attorney for the E.D. of Texas and via registered
 mail to the Attorney General of the U.S. Per Rule 4(i)(2), I also sent a copy of this summons
 and the complaint via registered mail to Defendant DeVos at her agency's office.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title


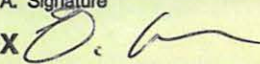
Server's address

Additional information regarding attempted service, etc:

Print

Save As...

Reset

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Betsy DeVos, Secretary of Education Office of General Counsel 400 Maryland Ave, SW Room 66300 Washington DC 20262-2111</p>  <p>9590 9402 4648 8323 8460 84</p>		<p>A. Signature</p> <p>X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>D. Murray</p> <p>C. Date of Delivery</p> <p>3/14/19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (over \$500)</p> <p>RE 364 405 576 US</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	